Rowan University
School for Professional Studies
Application for Internship Credit

Part I

Step 1: Complete and sign Part 1
Step 2: Work with your internship supervisor to complete Part II. Internship supervisor MUST sign here.
Step 3: Submit to [Step 3: Submit to [Step 3: Submit to [Step 3: Submit to

Student Name: ___________________________ Rowan ID: ___________________________
Address: __________________________________ Telephone: ___________________________
Major: ____________________________________ Rowan Email: __________________________

Total # of credits taken during internship semester*: ______

Semester receiving credit: Fall 20___ Spring 20___ Summer 20___

Receiving Academic Credit for your Internship
The hour requirements for the internship course are as follows: 3 credits = a minimum of 130 hours = approximately 9 hours per week

Students must submit this application before the first day of the semester in which they are receiving credit.

The Internship in the School of Professional Studies will involve, but is not limited to the following assignments:

- Discussion questions, Reflection papers, Ongoing hours logs,
- Performance Evaluations, Summaries, List of References, Letter of Recommendation, Revised Resume,
- Observations, Focus Groups, Inventory, Informational Interview, Electronic Job Search Exercise, or Ethics Case Study

I have discussed and understand some of the duties of the internship as identified above. I understand that the Internship in School of Professional Studies is a requirement for my program. I will consult with my academic advisor about credits and hours, and to determine how or if my current employer can satisfy the requirements for the internship.

Student Signature: __________________ Date: __________

Part II

Title of Internship Position: ___________________________
Compensation? If so, please describe: ___________________________

Internship Format: ______ Virtual ______ In-Person
Planned Hours per Week: ___________________________
Organization Name and Address: ___________________________

Planned Dates of Internship: ___________________________
Immediate Supervisor: ___________________________
Email: ___________________________
Title: ___________________________
Telephone: ___________________________

To be approved, pertinent internship documents must be submitted. Be sure to email all documents for approval and registration.

I have discussed with the above-named student the requirements of the internship, and I support his/her/their pursuit of academic credit for the hours completed.

Supervisor Signature: __________________ Date: __________

Part III

To get approval for the internship to count as free electives, email the completed application with a list of internship responsibilities to ___________________________ Dean at ___________________________. If approved, you will be emailed a CRN to register in Banner for the Internship course.

Student Signature: __________________ Date: __________